

DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2016

'17 FEB -1 P5:05

(PRINT OR TYPE CLEARLY)	
NAMEPOSITION/ELECTIVE OFFICE_COUNCILMEMBER DEPARTMENT/AGENCY HONOLULU CITY COUNCIL - DISTRICT 4	2017 JAN 30
	AM
NAME OF SPOUSE NIETZSCHE OZAWA	0 AM 1: 5
Check the appropriate box and fill in any applicable dates:	52
INITIAL STATEMENT: Date on which you assumed office or began employment in this You must file within twenty (20) working days after this date disclosing f interests held during the preceding calendar year.	•
ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing financial interests held during the preceding year.	all
LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _ mid file a statement within ten (10) working days of that date. You must disclose financial interests he during the preceding calendar year.	ust eld
CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline fas a candidate for office disclosing interests held during the calendar year preceding the due dat statement.	for filing e of the
VERIFICATION	
I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item through 9, and to the best of my knowledge the information provided in this form is true and correct.	Nos. 1
Date JANNARY 26, 2017. Signature 1-602	

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None	Additional	sheets attached
------	------------	-----------------

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	CITY+COUNTY OF	COUNCILMEMBER	2016	E
F	LAW OFFILE OF TREVOR & OZAWA STATE OF HAWAII	ATTORNEY	2016	D
58	STATE OF HAWAII	ATTORNEY	2016	E
		-		

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

installment trans obligation such a	actions for the purcha	se of consumer goods, r a car loan. Do report	whatever the am	ebts that arise out of retainount. Do report a secured
Person(s) Incurring				
Debt	Creditor	Original Loan	Amount	Amount Outstanding
F	NEWET	E		E
9	NELNET FED LOAD GERVICING	F		F
			-	
beneficial intere incorporated, regu regulated financi	sts having a value of ulated, or licensed to ca	\$5,000 or more or equarry on business in Haw I insurance policies, or	al to 10% or more aii. Do not report a	ly report ownerships or of ownership of businesses occounts in federal or state in a mutual fund or bline
None A	dditional sheets attach	ed		
Owner(s)	Business Name and Address	Nature of Business	Percentage of Int	erest Value of Interest
1	AW OFF LE OF PODIOR R. OZAWA SUL BISHOP ST. WAROL HONTULLIN, AL AL &13	LAW	100%.	B

	businesses None	incorporat	ed, regulated, tional sheets a	or licensed to	carry on	report tr business	ansfers of o	ownerships ring this p	or interests in ast year.
	Ownersh	ip or Inter	est	Date of Tra	ınsfer				
[;	oositions as also include	trustee in being a n	any business	s or organization holder in a sma	on, wheth	ner or not	operated fo	r profit. Fig	directorships, or duciary positions report fiduciary
-	None	Addit	ional sheets a	ttached					
Posi	tion	Holder	Namo	e & Address of Organizat		s or	Term of	Office	Annual Compensation
		u.							
6.	CREDITOR	INTERES	TS IN INSOL	VENT BUSINE	ESS wort	h \$5,000	or more.		
	None [Addition	al sheets atta						
	Holder		Name & A Busir		Na	ture of Bu	usiness		Value

wh inv	ich yo olving	u have receive	d compensation during	ng the preceding ca	alendar year.	nly report representation for Do not report representation y authority and do not need
X	None	Addition	nal sheets attached			
Repr	esenta	ative	Client	City A	gency	Nature of Representation
	_		24			
8. RE rea stre chil "pe	AL Plasonat eet ac Idren; ersona	ROPERTY OW ble manner, suc ldress for your if you choose I residence."	NED. Only report re has assessed value personal residence not to report the ta	al property owned. . You are not reque or the personal x map key numbe	Report the vired to report to residence of rend street a	value of the property in any he tax map key number and your spouse or dependent address, identify instead as
123	None	Addition	nal sheets attached			
Owner(s)	Tax Ma	p Key Number & Str	eet Address	Value	Year Obtained
	AL PI nolulu en if it nber a pender tead a	_	NNSFERRED. Only eding calendar year, value (as in the cases for your person ou choose not to redence."	report real proper For this item, indise of a gift). You a lal residence or the port the tax map	ty transferred cate the actua are not require e personal re key number a	in the City and County of al amount of the transaction, d to report the tax map key sidence of your spouse or and street address, identify
Seller/Do	nor	Buyer/Donee	Date	Price	Tax Map Ke	y Number & Street Address

Position	Holder	Name & Address of Business or Organization	Term of Office	Annual Compensation
Trustee	ш	Kapiolani Park Trust 530 South King Street Honolulu, HI 96813	Concurrent with City Council term	None
Director	ш	Waikiki Business Improvement District Association Wyndham Waikiki Beach Walk Plantation Tower, 2 nd Floor 227 Lewers Street, Box 202 Honolulu, HI 96815	Concurrent with City Council term	None
Director	ш	Waikiki Beach Special Improvement District Association 2250 Kalakaua Avenue, Suite 315 Honolulu, Hi 96815	Concurrent with City Council term	None
Director	ш	Japanese Cultural Center of Hawaii Board of Governors 2454 South Beretania Street Honolulu, Hi 96826	August 10, 2016 to present	None